

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR EMERGENCY ASSISTANCE (EA)
FOSTER CARE - FEDERAL**

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form)

Note: Use CA 800 EA (10/93) for all adjustments prior to the July 1997 report month.

SOURCE DOCUMENT

(A) Person Counts (Children)	(B) Total Aid	(C)	<u>CURRENT MONTH</u>
			1. Main Payroll
			2. Current Month Supplemental
()	()		3. Current Month Cancellation
			4. Prior Month Supplemental Payroll
			5. Current Month Adjustment
			6. Subtotal
			<u>PRIOR MONTH NEGATIVES</u>
()	()		7. Prior Month Cancellation
()	()		8. Recoveries of Aid
()	()		9. Prior Month Negative Adjustment
()			10. Subtotal
			<u>PRIOR MONTH POSITIVES</u>
			11. Prior Month Positive Adjustments
			12. Subtotal

13. GRAND TOTALS

A. Persons Counts (6A + 10A + 12A)	B. Total Aid Payments (6C + 10C + 12C)	C. Federal Share (13B x .70)	D. County Share (13B x .30)

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of Emergency Assistance Foster Care in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Emergency Assistance Foster Care made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

**INSTRUCTIONS FOR USE OF THE FORM CA 800 (EA)
(FEDERAL ONLY)**

GENERAL INFORMATION

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. All amounts on this form may be rounded to the nearest dollar.

CURRENT MONTH

4. Line 1A through Line 5A: Enter the number of children in the persons counts column.
5. Line 1B through Line 5B: Complete with the amounts shown on the integrated payroll summary (for non-integrated payrolls, enter the grand totals shown for each payroll). Only current month adjustments should be entered on Line 5B.
6. Line 6A: Enter the subtotal of person counts.
7. Line 6C: Enter the subtotal from Lines 1B through 5B.

PRIOR MONTH NEGATIVES

8. Line 7A through Line 10A: Enter the number of children in the persons counts column.
9. Line 7B: Complete with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each contra-roll.)
10. Line 8B: Enter the total of all cash recovered in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
11. Line 9B: Enter the totals of all prior month negative adjustments which decrease money amounts that were claimed in a prior month Summary Report.
12. Line 10C: Enter the subtotal from Lines 7B through 9B.

PRIOR MONTH POSITIVES

13. Line 11A: Enter the number of children.
14. Line 11B: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
15. Line 12A: Enter the subtotal of number of children.
16. Line 12C: Enter the subtotal of the prior months positive adjustments.

COMPUTE GRAND TOTALS FOR FEDERAL AND COUNTY SHARES

17. Line 13A: Enter the Total Persons -- Add 6A, 10A AND 12A.
18. Line 13B: Enter the Total Aid Payments -- Add 6C, 10C, and 12C.
19. Line 13C: Enter the federal share -- Multiply 13B by .70.
20. Line 13D: Enter the county share -- Multiply 13B by .30.